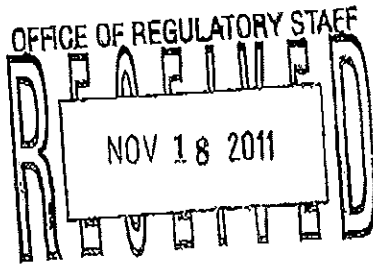


STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo



BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2011- ~~632~~ T

332-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: ~~X~~ ~~Walter M Brown~~

Address: ~~X~~ ~~5350 Bramble Ave~~

~~X~~ ~~N Charleston, SC 29406~~

~~*~~

Telephone: ~~X~~ ~~(843) 709-4136~~

Fax: ~~*~~

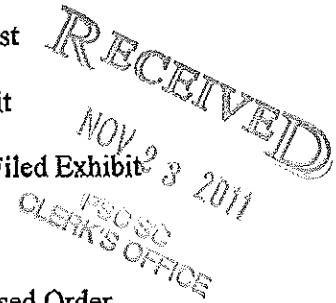
Other: ~~*~~

Email: ~~*~~

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

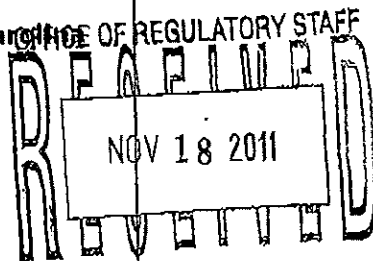
- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |



If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

REQUEST FOR EXTENSION TO COMPLY WITH ORDER (ORS Rev 3-2-10)

<p>File the original with:</p> <p>Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896-5100 FAX (803) 896-5199</p>	<p>Mail or fax a copy to:</p> <p>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</p>
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DATE: 11/15/11

The S.C. Public Service Commission issued a Certificate of Public Convenience and Necessity

In Order # 2011-1636 dated 9/13/11 for the following type of certificate:

☐ Class C Taxi
 ☒ Class C Charter
 ☐ Class C Charter Bus
 ☐ Class C Non-Emergency

Pursuant to that Order, the following carrier was given sixty (60) days from the date of the Order to comply with the requirements of certification.

Please consider this as a request for an extension until 2-18-2012 to allow the following carrier to come into compliance. (DATE)

EXTENSIONS ARE NOT EFFECTIVE UNTIL APPROVED BY THE PUBLIC SERVICE COMMISSION.

*Dusty's Limousine and Taxi Service D/B/A *
 (Name of Company) (if applicable)

*5850 Bramble Ave *5850 Bramble Ave, Chas, SC 29406
 (Street Address) (Mailing Address, City, State, Zip)

*W. Charleston SC 29406 *Walter Brown
 (City, State, Zip Code) (Signature)

*843) 709-4136 *#2011-1636
 (Telephone Number) (Title) Owner, President, etc.

***Reason for Request for Extension to comply with PSC Order:**

Still getting the money for My Insurance